

HALOGENATED SOLVENT CLEANER NESHP:

Annual Report

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
 Number, Street, City/Town, State, Zip Code

Intended Equipment					
Location Address	Number,	Street,	City/Town,	State,	Zip Code

Cleaning Machine Summary

Identification Number

Description

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[NOTE: Annual report was modified on 8/8/01 - additional lines were added so that 12-months of data could be recorded on one form.. The original form has three lines, instead of 12]

PART TWO - Information Required per Machine (Make copies for additional machines as necessary)

Cleaner Identification Number: _____

Check compliance option chosen and fill out appropriate report requirements.

G Control Options

All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the required operator test.

Signature

Date

Previous Year's Solvent Consumption _____ kg/yr (or lb/yr).

G Alternative Standard

Cleaning machine size:

Solvent-air interface area _____ m² (or ft²)

or

Solvent cleaning capacity _____ m³ (or ft³)

Average monthly solvent consumption _____ kg (or lb)

Three month rolling
average emission estimates:
(calculations attached)

1.	_____ kg(or lb)	From	_____ To	_____
			Date	Date
2.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
3.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
4.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
5.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
6.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
7.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
8.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
9.	_____ kg (or lb)	From	_____ To	_____
			Date	Date
10	_____ kg (or lb)	From	_____ To	_____
			Date	Date
11	_____ kg (or lb)	From	_____ To	_____
			Date	Date
12	_____ kg (or lb)	From	_____ To	_____
			Date	Date